

2008.FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

05-08-2008 90015 036 ***150.00

DOCUMENT # P04000111177 1. Entity Name CATHYCLEAN, INC.			
Principal Place of Business 7626 SW 8TH STREET OCALA, FL 34474		Mailing Address 7626 SW 8TH STREET OCALA, FL 34474	
2. Principal Place of Business - No P.O. Box # 10490 SW 85 CT. Suite, Apt. #, etc.		3. Mailing Address 10490 SW 85 CT. Suite, Apt. #, etc.	
City & State Ocala, FL.		City & State Ocala, FL.	
Zip 34481	Country U.S.A.	Zip 34481	Country U.S.A.
4. FEI Number 20-1421859		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARVEY, CATHY 7626 SW 8TH ST OCALA, FL 34474		7. Name and Address of New Registered Agent Name Harvey, Catherine Street Address (P.O. Box Number is Not Acceptable) 10490 S.W. 85th CT. City Ocala FL Zip Code 34481	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Catherine M. Harvey</u> DATE <u>4-23-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARVEY, CATHERINE M 7626 SW 8TH ST OCALA, FL 34474 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Harvey, Catherine M 10490 S.W. 85th CT. Ocala, FL 34481 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Catherine M. Harvey</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SINKING OFFICER OR DIRECTOR</small>		Date <u>6-5-08</u> <u>352-861-0155</u> <small>Date Daytime Phone #</small>	